Prince Albert Parkland Health Region

Visibility Wall
2017 - 2018

Provincial Hoshin:
To improve access for patients and reduce ED waits by 60%, necessary improvements in key areas will be achieved by 2019.

PAPHR Hoshin #1 (Overview)

Acute Care Flow (by March 31, 2017)

- **Decreasing Consults** - Decrease re-consults in acutely ill adult inpatients by 50%
- **Meeting ELOS For Non-admitted ED Patients** - ED LOS @ 90th percentile
  CTAS I-III = 8 hrs (non-adm pts) CTAS IV-V = 4 hrs (non adm pts)
- **Decreasing Hospital Utilization Of COPD Patients** - 10% decrease in hospital utilization for patients managing COPD
- **Utilizing CAPs Care Plan In LTC** - 50% of LTC facilities will utilize the LTC CAPs care plan
- **Decreasing wait time for psychiatry** - 20% of all adult & child referrals to psychiatry triaged as T4 (mild) will be co-managed with primary care practitioner & psychiatrist
By March 31, 2018 fully implement a provincial Safety Alert/Stop the Line (SA/STL) process throughout Saskatchewan

PAPHR Hoshin #2 (Overview for Patients and Staff)

Reduce Workplace Injuries by March 31, 2017:
- Implement elements 1-6 of SMS in all PAPHR facilities
- Achieve 75% on self-audit in Parkland Integrate Health Centre
- 75% reduction in the number of accepted WCB claims
- 50% reduction in Accepted WCB Shoulder and Back Injury Claims
- 100% of shoulder and back injuries investigated to root cause

Implement SA/STL System in test site by March 31, 2017:
- Implement Safety Alert/Stop the Line System (in Level 4)
- 100% of incident report actions closed with report writers (Level 4)
- 10% Increase of “Near Miss” Reporting vs. Actual Harm
- Operationalize Safety Huddles across Region (daily for key clinical areas)

Clinical Support Services

ED Waits & Access...by March 31, 2017

- Timely results will be provided to all patients so they can be discharged from the ED.
- Improve COPD patients’ access to Pharmacist services.
  → % of COPD patients readmitted to hospital with 28 days of seeing Pharmacy. (collecting baseline data)
Computed Tomography (CT) Wait - days

April 2017 Vis Wall

Computed Tomography (CT) Waits - days

April 2017 Vis Wall
Healthy Living In Healthy Communities

PAPHR Quarterly Review

PAPHR Overall Hand Hygiene Compliance Rate by Year

Hand Hygiene Compliance

Audit Year

Average Compliance

60.6%  54.4%  64.3%  71.9%  75.5%  71.4%  75.5%

Hand Hygiene Compliance - Victoria Hospital and PIHC Acute Care November 2016

Hand Hygiene Compliance Percentage:
- 65% & Lower
- 70 - 79%
- 80% & Over

Facilities:
- Emergency Department
- AUH/Urgent Care Therapy
- Level 6
- Level 1 Surgery
- PEDS
- Obstetrics Maternity
- Day Surgery/Inpatient Care
- O/R
- The Joint
- Mental Health
- Radiation Therapy
- Dialysis/Infusion
- Rehabilitation
- Victoria Hospital Overall Compliance
- PIHC Acute Care Overall Compliance
Clinical Support Services

Safety...by March 31, 2017

- Target: Pharmacy will review 100% of medication incidents weekly with Level 4 Nurse Unit Manager.
  → % Completion of Medication Incident review with L4 NUM

- Complete operationalized roll-out of Stop the Line on Level 4 (and support services to L4)
  → % of near Misses versus Actual incidents on L4

Percent Completion of Medication Review with Level 4 Nursing Unit Manager
Senior Medical Officer
ED Waits & Access...by March 31, 2017

- Target: Appropriateness – increased cooperative management of acutely ill adult inpatients
  → Reduce by 50% the # of re-consults to specialists in acute care
  → Target 7% re-consult rate
Primary Health Care
ED Waits & Access...by March 31, 2017

- Target: 10% decrease in hospital utilization for patients managing COPD.
  - COPD member group will be established and algorithm developed to ensure consistent COPD client care
  - Will track # of ED visits/hospitalizations for patients with COPD pre & post member group engagement

- Target: 20% of all adult referrals to psychiatry triaged as mild (T4) will be co-managed by primary care practitioner and psychiatrist.
Wait times for Child & Youth referrals to Psychiatry not meeting benchmark by Triage Level - March 2017

- **March 2017 C&Y Psychiatry Mild T4**
- **March 2017 C&Y Psychiatry Moderate T3**

Wait times for Adult referrals to Psychiatry not meeting benchmark by Triage Level - March 2017

- **March 2017 Adult Mild T4**
- **March 2017 Adult Psychiatry Moderate T3**

- **March 2017 Adult Psychiatry Severe T2**

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Severe (T2)

- 1 client triaged at severe had no appointment scheduled; all others met the benchmark.

Very Severe (T1)

- There were no C&Y referrals triaged at T1 in March.

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April 2017 Vis Wall
Primary Health Care

Safety...by March 31, 2017

- Target: 100% of all units will operationalize daily safety by practising a minimum of weekly safety huddles, and daily for key clinical areas.
  → will monitor % of huddles that include a safety talk

April 2017 Vis Wall
Integrated Health Services
ED Waits & Access...March 31, 2017

- Target: Meet expected length of Stay (ELOS) for non-admitted ED patients @ 90th percentile.
  → CTAS I-III = reduce to 8 hours
  → CTAS IV-V = reduce to 4 hours

- Target: Utilize Clinical Assessment Protocol (CAP) Care Plan in 50% of LTC facilities (RPIW complete: 100% all facilities – Key Accomplishment)
  → % of care plans utilizing CAPs
  → % of LTC guidelines implemented
  → % of “7 Quality Indicators” triggered
Physician Initial Assessment (PIA) wait times: all triage levels combined: 90th percentile in minutes

ED length of stay: non-admitted: CTAS I-III: 90th percentile in hours
ED length of stay: non-admitted: CTAS IV/V: 90th percentile in hours

For patient safety, the 5K target is capped at 4 hours rather than a 60% reduction from 2013-14 base.

ED length of stay: admitted patients: 90th percentile in hours

Deaths in ED, transfers, and patients that left against medical advice or without being seen are not included.
Integrated Health Services

Safety...March 31, 2017

- Target: 100% of units/facilities will be performing Safety Huddles weekly. **Complete**
- Target: Implementation of Safety Management System
  - By March 31, 2017 continued implementation of elements 1, 2, 3 of Safety Management System throughout Region and elements 1 – 6 at Pineview Terrace **See Human Resources - Complete**
### Data - Current State

#### Q10 - Safety Huddle Survey

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answered question: 22

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answered question: 22

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**Human Resources**

**ED Waits & Access...by March 31, 2017**

- Target: 75% of all managers will be trained on recruitment and retention.
  - # of new managers trained on R&R
  - wage driven premium hours
  - sick time hours
Target: 75% of all managers will be trained on recruitment and retention.

# of new managers trained on R&R

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<td>Attended training</td>
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PAPHR MONTHLY WDP (Wage Driven Premiums) HOURS

Total Hours:
- 2013/14: 89,297.03
- 2014/15: 96,640.58
- 2015/16: 94,914.19
- 2016/17 YTD: 55,628.98

Data Source: Payroll Department

April 2017 Vis Wall
Human Resources
Safety...by March 31, 2017

- Target: Reduce workplace injuries by 75% (as per SASWH).
  - # of accepted WCB shoulder and back claims
  - # workplace injuries
  - % of SMS implemented
Corporate Services

ED Waits & Access...by March 31, 2017

- Target: 100% of the time the right diet tray will be provided to the right patients.
  - # of diet errors to patients (internal & external to department)

- Target: Reduce number of unresolved helpdesk tickets by 50% by March 31, 2017
  - # of unresolved helpdesk tickets on the first day of each month
Corporate Services
Safety...by March 31, 2017

• Target: 30% preventative maintenance and planned work on beds and lifts.
  → % of PM on beds and lifts
  →% of work order for equipment breakdown for beds and lifts

Operational Definition: Graph represents the cumulative number of preventive maintenance carried out on beds and lifts in the facilities in Prince Albert.

Data Prepared: Mar 7, 2017
Report Contact: Jacques Fleurant
Refresh Cycle: Monthly
1. **Call to Order**
   - The meeting was called to order by Don Code, Chairperson at 9:30 a.m.

2. **Consideration of the Proposed Agenda**
   
   Motion:
   “THAT the agenda be approved as circulated.”
   M. Bender/M. Kreese........................................................................................................carried

3. **Approval of Previous Minutes**
   
   Motion:
   “THAT the Board Finance Audit Committee meeting minutes dated March 27, 2017 be approved as circulated.”
   L. Fladager/M. Kreese........................................................................................................carried

4. **Business Arising from the Minutes**
   
   - None

5. **Work Plan**

   5.1 **Monthly Financial Statements**
   
   - Ministry of Health has provided all health regions with a template that is to be used to submit monthly financial information. This template started being used by PAPHR in September 2015. The Ministry of Health also requested that review of financial information occur in an in-camera session.

   Motion:
   “THAT the Board Finance Audit Committee move in-camera at 9:35 a.m.”
   M. Bender/M. Kreese........................................................................................................carried

   Motion:
   “THAT the Board Finance Audit Committee move out-of-camera at 10:15 a.m.”
   L. Fladager/A. Tanchak........................................................................................................carried
Prince Albert Parkland Health Region has an operating deficit of $1,130,814 for the eleven months ended February 28, 2017. After required transfers to capital for long term care reserves, mortgage payments, parking equipment purchases and energy performance loan payments the deficit increases to $2,093,206. Based on results as at February, 2017 PAPHR is forecasting an operating deficit of $839,000 for the fiscal year. After inter-fund transfers the deficit increases to $1,888,882 for 2016-2017.

5.2 Review of Financial Policies

The following Finance Policies were reviewed by the Board Finance Audit Committee:
- Capital Budgeting Process
- Cash Flow
- Cash Receipts

5.3 Recommend Investment Guidelines and Receive Annual Information on Investment Performance

When the Health regions were formed, allowable investments by the regions were restricted to the Public Trustees Act. This legislation was changed, widening the scope of available investments to “what a prudent investor would do”.

PAPHR has for the most part continued to invest in financial instruments that follow the previous Public Trustee Act. PAPHR has tried to use a laddered strategy. (A laddered strategy simply takes the investment dollars and spreads them out over a period of time and as one matures, it is slotted back into the ladder where it provides a reasonable rate of return and does not result in investments all coming due at the same time.) A laddered strategy will result in a normalized rate of return over a long period of time. This strategy has served PAPHR very well in the past.

With transition under way any investments that have matured in the last few months have remained in the high interest savings account as long term investment did not seem prudent.

At this time, there is no recommendation to change the management of PAPHR’s investments.

5.4 Review the Banking Arrangements of the Board From Time-To-Time and Recommend Revisions to the Banking Resolution From Time To Time

The main operating accounts for the Region are with the CIBC. The Region tendered the banking requirements in 2008. CIBC was selected after reviewing the proposals; the Region receives all of its’ regular banking transactions free of charge including the electronic funds transactions related to salary payments for employees. There are charges for wire transfers and other services.

At this time the review of the region’s agreement with CIBC or changes to the Banking Resolution is not recommended.

Not included in the tender for banking services was the Energy Performance loan. This was tendered separately and RBC was selected as the institution that would provide the loan. As a result, the Region also has an operating account with the Royal bank in Prince Albert to facilitate repayment of the loan.

5.5 Annually Advise the Board with Regard to Donations, Bequests and Endowments

Some of the Region’s donations are sourced through the Foundations and Auxiliaries set up for Health Care purposes through-out the Region. Capital donations total $819,067 for the eleven months ended February 28, 2017 as compared to $800,713 for the 2015/16 fiscal year. The majority of the funds come from the Victoria Hospital Foundation that provides between $500,000 and $700,000 annually. The region’s rural foundations’ and auxiliaries’ contributions are significant to their local facilities. Individuals sometimes choose to donate directly to regional facilities and programs. This smaller pool of funding is usually for operating expenses such as minor equipment purchases, recreational activity supplies and outings for long term care residents. Operating donations for the region are generally in the range of $60,000 to $100,000 per year.
6. New Business

6.1 Amended Board Budget

- A draft amended board budget for the 2016-2017 fiscal year was provided for consideration. Given the difficult budget decisions required for 2017-2018 the committee was presented with an amended board budget recognizing the expected start date of the Provincial Health Authority.

Motion:
“THAT the Board Finance Audit Committee recommend to the Prince Albert Parkland Regional Health Authority that the attached 2017-2018 amended Board Budget be approved as presented.”

M. Bender/A. Tanchak..........................................................carried

6.2 Capital Equipment Purchase Approval

- A list of capital equipment purchased in the 2016-2017 fiscal year, purchased after the Board approved the five year capital equipment plan for the 2016/2017 fiscal year, was reviewed. The added or amended purchases total $396,588. During the year, additional capital assets were purchased using reserves, donations, fundraising and other provincially targeted resources. Some of these assets were purchased instead of approved items and others were purchased on an emergent basis. No transfer from capital equipment reserves were required to pay for these assets.

- Three items were deemed emergency purchases – the Anesthetic Machine for Obstetrics, the crash cart in Emergency and the wound vats in Ambulatory Care all at the Victoria Hospital as per Authority Policy EE-6.2.

Motion:
“THAT the Board Finance Audit Committee recommend to the Prince Albert Parkland Regional Health Authority the approval of the 2016-17 amended capital equipment purchases made between April 1, 2016 and March 31, 2017 totaling $396,588.”

I. Fladager/M. Bender..........................................................................................................................carried

7. Informational Items

7.1 3sHealth – Re: Payroll Fee Increase
7.2 3sHealth – Re: 2017-18 New Fee Schedule

8. Education

8.1 Transformational Change / Budget 2017/2018

- C. Hunt provided a verbal update on the 2017/2018 Budget.

9. Next Meeting

- Tuesday, May 23, 2017; 2nd Floor Meeting Room; 1521 – 6 Avenue West; 1:00 p.m.

10. Adjournment

- The meeting adjourned at 11:30 a.m.
VOLUNTEER LONG SERVICE RECOGNITION AWARDS

- Several Board members and I attended this tea on April 19, 2017
- This year’s theme was “Our Volunteers Make Canada Strong”
- We were pleased to welcome Her Honour the Honourable Vaughn Solomon Schofield, S.O.M., S.V.M., Lieutenant Governor of Saskatchewan
- The tea honoured volunteers for their service of five, ten, fifteen, twenty, twenty-five, thirty, thirty-five, forty, fifty, fifty-five, and sixty years
- This tea is one of many teas which honour approximately 3,500 volunteers who support many facilities and programs in our Region
- I would like to take this opportunity to say thank you to all of our volunteers for giving of their time to help so many people in our communities.

DOCTORS GALA

- Several Board members and I attended this gala on April 8, 2017
- This evening celebrated the excellent work of our physicians and in particular honoured Dr. David Stevens
- Proceeds from the gala will purchase new medical equipment for the Victoria Regional Hospital
- I would like to congratulate Dr. Stevens for this recognition
- I would also like to congratulate and thank the Victoria Hospital Foundation for their efforts.